



## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

10/17/2003

SAWYER LAW GROUP LLP  
P.O. Box 51418  
Palo Alto, CA 94303

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jackie Tanda	(Depositor's name)
<i>Jackie Tanda</i>	(Signature)
December 2, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/051,966

01/15/2002

Yiqiang Li

2357P

1548

TITLE OF INVENTION: REFLECTION TYPE COMPACT OPTICAL SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
• nonprovisional	YES	\$665	\$300	\$965	01/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENCIA, DANIEL E	2874	385-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sawyer Law Group LLP  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AC Photonics, Inc.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

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(Date)

12-02-03

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/05/2003 EFLORES1 00000028 10051966

01 FC:1504

300.00 OP

02 FC:2501

665.00 OP

03 FC:8001

15.00 OP

TRANSMIT THIS FORM WITH FEE(S)



## TRANSMITTAL FORM

Attorney Docket No.

2357P

Re: the application LI, et al.

Confirmation No: **1548**Serial No: **10/051,966**Group Art Unit: **2874**Filed: **January 15, 2002**Examiner: **Valencia, Daniel E.**For: **REFLECTION TYPE COMPACT OPTICAL SWITCH**

ENCLOSURES (check all that apply)			
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input type="checkbox"/>		<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>		<input type="checkbox"/>	Status Letter
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>		<input type="checkbox"/>	Other Enclosure(s) (please identify below):

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00
METHOD OF PAYMENT					
<input checked="" type="checkbox"/>	Check no. <u>6555</u> in the amount of \$ <u>980.00</u> is enclosed for payment of fees. Issue Fee \$665.00; Publication Fee \$300.00; Patent Copies \$15.00				
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<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	
Date	December 2, 2003
CERTIFICATE OF MAILING	
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Type or printed name	Jackie Tanda
Signature	